

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09729811</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">12/04/00</div>					
							APPLICANT(S)						
7122/04 CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/		51						
2		/		/		/	52						
3		/		/		/	53						
4		/		/		/	54						
5		/		/		/	55						
6		/		/		/	56						
7		/		/		/	57						
8		/		/		/	58						
9		/		/		/	59						
10	/		/		/		60						
11	/		/		/		61						
12		/		/		/	62						
13		/		/		/	63						
14		/		/		/	64						
15		/		/		/	65						
16		/		/		/	66						
17		/		/		/	67						
18		/		/		/	68						
19	/		/		/		69						
20		/		/		/	70						
21		/		/		/	71						
22		/		/		/	72						
23		/		/		/	73						
24		/		/		/	74						
25		/		/		/	75						
26		/		/		/	76						
27		/		/		/	77						
28	/		/		/		78						
29		/		/		/	79						
30		/		/		/	80						
31		/		/		/	81						
32		/		/		/	82						
33		/		/		/	83						
34		/		/		/	84						
35		/		/		/	85						
36		/		/		/	86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4		4		TOTAL IND.						
TOTAL DEP.	32		32		28		TOTAL DEP.						
TOTAL CLAIMS	36		36		32		TOTAL CLAIMS						

PTO-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

U.S. DEPARTMENT OF COMMERCE
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